

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC Chapter 20: Psychiatric Services for Individual Age 21 and Older; Chapter 32 Mental Health and Substance Abuse Treatment Services for Children and Adolescents; and Chapter 35 Rehabilitative Psychiatric Services.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT®). CPT® is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT® numeric identifying codes for reporting medical services and procedures.

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The Schedule includes only CPT® numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT® outside the Schedule should refer to CPT®. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

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Note: Multi Systemic therapy / per 15 minutes (H2033): **Provider type 77** is used to enroll both the Multi Systemic Therapy (MST) team, and the Day Treatment Providers. **The H2033 is only code billable by an MST team** (pages 17 & 18).

Modifier	Description
AH	Mental Health Assessment by Licensed Psychologist
ET	Emergency Services
HA	Child/Adolescent Program
HE	Mental Health
HF	Substance Use Disorder
HH	SUD level 3.5 Dual disorder residential (co-occurring enhanced)
HK	Secure Psych Res Rehab (MRO)
TT	SUD level 3.3 Therapeutic community (co-occurring diagnosis capable)
SK	High Risk Population
52	Reduced Services
U3	Day Treatment (DT)
U4	Facility Based
U5	Home Based
U6	Therapeutic Group Home
U7	Parent/Child Interaction Therapy ( PCIT)
U8	Child-Parent Psychotherapy (CPP)
U9	Functional Family Therapy ( FFT)
UA	Therapeutic Leave Day (TLD) home
UB	Therapeutic Leave Day (TLD) Inpatient psych
UC	Therapeutic Leave Day (TLD) Inpatient Med/Surg
HO	Master level provider
HQ	Group
<b>ACRONYMS</b>	THGH- Therapeutic Group home
	PRTF- Psychiatric Residential Treatment Facility

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	36 LMHP	37 PLMHP	39 LIMHP	57 PHD Provisional	58 PLADC	64 Special Licensed PhD	67 PhD/PsyD	78 LADC
90791		Initial Diagnostic Interview	\$179.32	\$179.32	\$143.46	\$143.46			\$125.52	\$91.73		\$91.73	\$149.90	
H0031	HO	Initial Diagnostic LIMHP (providing service to NON MC recipients only)							\$119.06					
90792		Initial Diagnostic Interview (with med services)	\$250.77	\$250.77	\$200.34	\$200.34								
90832		Individual psychotherapy - 30 min.	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$61.92		\$61.92	\$64.76	
90832	HF	Individual psychotherapy - 30 min. substance use disorder	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$61.92	\$51.45	\$61.92	\$64.76	\$53.59
90832	U3/HF	Individual psychotherapy - 30 min. (Day Treatment)	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$61.92	\$51.45	\$61.92	\$64.76	\$53.59

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90832	U4/HF	Individual psychotherapy - 30 min. (IOP- Facility)	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$61.92	\$51.45	\$61.92	\$64.76	\$53.59
90832	U5/HF	Individual psychotherapy - 30 min. (IOP- Home based)	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$61.92	\$51.45	\$61.92	\$64.76	\$53.59
90832	U6/HF	Individual psychotherapy - 30 min. (THGH)	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$61.92	\$51.45	\$61.92	\$64.76	\$53.59
90833		Individual psychotherapy - 30 min. + E/M code	\$69.81	\$69.81	\$55.85	\$55.85								
90833	U4	Individual psychotherapy - 30 min. (IOP- Facility) + E/M code	\$69.96	\$69.96	\$55.97	\$55.97								
90833	U5	Individual psychotherapy - 30 min. (IOP- Home based) + E/M code	\$69.96	\$69.96	\$55.97	\$55.97								
90834		Individual psychotherapy - 45 min.	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$85.11	\$85.11		\$85.11	\$91.74	
90834	HF	Individual psychotherapy - 45 min. substance use disorder	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$85.11	\$85.11	\$68.98	\$85.11	\$91.74	\$71.85
90834	U3/HF	Individual psychotherapy - 45 min. (Day Treatment)	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$75.16	\$85.11	\$68.98	\$85.11	\$91.74	\$71.85
90834	U4/HF	Individual psychotherapy - 45 min. (IOP- Facility)	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$75.16	\$85.11	\$68.98	\$85.11	\$91.74	\$71.85

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90834	U5/HF	Individual psychotherapy - 45 min. (IOP- Home based)	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$75.16	\$85.11	\$68.98	\$85.11	\$91.74	\$71.85
90834	U6/HF	Individual psychotherapy - 45 min. (THGH)	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$75.16	\$85.11	\$68.98	\$85.11	\$91.74	\$71.85
90836		Individual psychotherapy - 45 min. + E/M code	\$83.67	\$83.67	\$66.94	\$76.81								
90836	U4	Individual psychotherapy - 45 min. (IOP- Facility) + E/M code	\$83.95	\$83.95	\$67.16	\$78.03								
90836	U5	Individual psychotherapy - 45 min. (IOP- Home based) + E/M code	\$83.95	\$83.95	\$67.16	\$78.03								
90837		Individual psychotherapy - 60 min.	\$161.52	\$161.52	\$129.22	\$129.22	\$112.08	\$107.13	\$112.08	\$125.26		\$125.26	\$133.50	
90837	HF	Individual psychotherapy - 60 min. substance use disorder	\$161.52	\$161.52	\$129.22	\$129.22	\$112.08	\$107.13	\$112.08	\$125.26	\$102.84	\$125.26	\$133.50	\$107.13
90837	U3/HF	Individual psychotherapy 60min. Day Treatment	\$161.52	\$161.52	\$129.22	\$129.22	\$112.08	\$107.13	\$112.08	\$125.26	\$102.84	\$125.26	\$133.50	\$107.13
90837	U4/HF	Individual psychotherapy 60 min. IOP- Facility	\$161.52	\$161.52	\$129.22	\$129.22	\$112.08	\$107.13	\$112.08	\$125.26	\$102.84	\$125.26	\$133.50	\$107.13

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90837	U5/HF	Individual psychotherapy 60 min. IOP- Home based	\$161.52	\$161.52	\$129.22	\$129.22	\$112.08	\$107.13	\$112.08	\$125.26	\$102.84	\$125.26	\$133.50	\$107.13
90837	U6/HF	Individual psychotherapy 60 min. (THGH)	\$161.52	\$161.52	\$129.22	\$129.22	\$112.08	\$107.13	\$112.08	\$125.26	\$102.84	\$125.26	\$133.50	\$107.13
90838		Individual psychotherapy 60 min. + E/M code	\$120.25	\$120.25	\$108.23	\$108.23								
90838	U4	Individual psychotherapy 60 min. (IOP- Facility) + E/M code	\$119.61	\$119.61	\$105.25	\$105.25								
90838	U5	Individual psychotherapy 60 min. (IOP- Home based) + E/M code	\$119.61	\$119.61	\$105.25	\$105.25								
90839		Individual psychotherapy - Crisis (1st hour)	\$133.15	\$133.15	\$106.52	\$106.52	\$91.88	\$87.88	\$91.88	\$105.19	\$87.07	\$105.19	\$110.52	\$87.88
90840		Individual psychotherapy - Crisis (additional 30 min./ added to 90839)	\$54.29	\$54.29	\$43.43	\$43.43	\$39.09	\$37.46	\$42.89	\$42.89	\$37.46	\$42.89	\$45.06	\$37.46

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90846		Family psychotherapy (w/o client present) - office	\$123.56	\$123.56	\$98.85	\$98.85	\$89.03	\$87.22	\$89.03	\$96.30		\$96.30	\$99.94	
90846	HF	Family psychotherapy (w/o client present) - office. substance use disorder	\$123.56	\$123.56	\$98.85	\$98.85	\$89.03	\$87.22	\$89.03	\$96.30	\$83.53	\$96.30	\$99.94	\$87.01
90846	U3/HF	Family psychotherapy (w/o client present) - Day Treatment	\$123.56	\$123.56	\$98.85	\$98.85	\$89.03	\$87.22	\$89.03	\$96.30	\$83.53	\$96.30	\$99.94	\$87.22
90846	U4/HF	Family psychotherapy (w/o client present) - IOP - Facility based	\$123.56	\$123.56	\$98.85	\$98.85	\$89.03	\$87.22	\$89.03	\$96.30	\$83.53	\$96.30	\$99.94	\$87.01
90846	U5/HF	Family psychotherapy (w/o client present) - IOP - Home based	\$123.56	\$123.56	\$98.85	\$98.85	\$89.03	\$87.22	\$89.03	\$96.30	\$83.53	\$96.30	\$99.94	\$87.01
90846	HA/HF	Family psychotherapy (w/o client present) Home based	\$124.01	\$124.01	\$99.21	\$99.21	\$90.42	\$88.22	\$90.42	\$97.60	\$83.53	\$97.60	100.05	\$88.22
90846	U6/HF	Family psychotherapy (w/o client present) - (THGH)	\$123.56	\$123.56	\$98.85	\$98.85	\$89.03	\$87.22	\$89.03	\$96.30	\$83.53	\$96.30	\$99.94	\$87.01

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CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	36 LMHP	37 PLMHP	39 LIMHP	57 PhD Provisional	58 PLADC	64 Spec PhD	67 PhD/PsyD	78 LADC
90847		Family psychotherapy (with client present)	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$101.75		\$101.75	\$107.20	
90847	HF	Family psychotherapy (with client present). substance use disorder	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$101.75	\$83.53	\$101.75	\$107.20	\$87.01
90847	ET/HF	Family psychotherapy (with client present) - Crisis	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$101.75	\$83.53	\$101.75	\$107.20	\$87.01
90847	HA/HF	Family psychotherapy (with client present) - Home based	\$132.64	\$132.64	\$107.20	\$107.20	\$94.48	\$89.03	\$94.48	\$105.39	\$83.53	\$105.39	\$110.84	\$87.01
90847	U3/HF	Family psychotherapy (with client present) - Day Treatment	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$101.75	\$83.53	\$101.75	\$107.20	\$87.01
90847	U4/HF	Family psychotherapy (with client present) - IOP - Facility based	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$101.75	\$83.53	\$101.75	\$107.20	\$87.01
90847	U5/HF	Family psychotherapy (with client present) - IOP - Home based	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$101.75	\$83.53	\$101.75	\$107.20	\$87.01

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90847	U6/HF	Family psychotherapy (with client present) - (THGH)	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$101.75	\$83.53	\$101.75	\$107.20	\$87.01
90847	U7	Parent Child Interaction Therapy (PCIT)	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$101.75		\$101.75	\$107.20	
90847	U8	Child-Parent Psychotherapy (CPP)	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$101.75		\$101.75	\$107.20	
90853		Group psychotherapy	\$39.44	\$39.44	\$31.61	\$31.61	\$27.05	\$26.07	\$27.05	\$31.29		\$31.29	\$32.92	
90853	HF	Group psychotherapy	\$39.44	\$39.44	\$31.61	\$31.61	\$27.05	\$26.07	\$27.05	\$31.29	\$25.03	\$31.29	\$32.92	\$26.07
90853	U3/HF	Group psychotherapy Day Treatment	\$39.44	\$39.44	\$31.61	\$31.61	\$27.05	\$26.07	\$27.05	\$31.29	\$25.03	\$31.29	\$32.92	\$26.07
90853	U4/HF	Group psychotherapy IOP - Facility based	\$39.44	\$39.44	\$31.61	\$31.61	\$27.05	\$26.07	\$27.05	\$31.29	\$25.03	\$31.29	\$32.92	\$26.07
90853	U6/HF	Group psychotherapy (THGH)	\$39.44	\$39.44	\$31.61	\$31.61	\$27.05	\$26.40	\$27.05	\$31.29	\$25.03	\$31.29	\$32.92	\$26.07
90832	U9	Functional family therapy 30 min					\$63.91	\$54.78	\$63.91	\$73.04			\$82.17	
90834	U9	Functional family therapy 45 min					\$95.87	\$82.18	\$95.87	\$109.57			\$123.26	

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90837	U9	Functional family therapy 60 min					\$127.82	\$109.56	\$127.82	\$146.08			\$164.34	
90846	U9	Functional family therapy without client present					\$102.52	\$87.88	\$102.52	\$117.17			\$131.81	
90847	U9	Functional family therapy with client present					\$106.10	\$90.94	\$106.10	\$121.26			\$136.41	
90870		Electroconvulsive Therapy - ECT (Includes Necessary Monitoring)	\$60.05	\$60.05										
90887		Conference regarding client treatment	\$29.57	\$29.57	\$23.83	\$23.83	\$18.10	\$17.65	\$18.10	\$17.65		\$17.65	\$24.27	
90887	HF	Conference regarding client treatment by substance use provider	\$29.57	\$29.57	\$23.83	\$23.83	\$18.10	\$17.65	\$18.10	\$17.65	\$16.66	\$17.65	\$24.27	\$17.35
90887	U5/HF	In-home conf. regarding client treatment	\$29.57	\$29.57	\$24.27	\$24.27	\$18.10	\$17.65	\$18.10	\$17.65	\$16.66	\$17.65	\$24.27	\$17.35
96130		Psychological Testing - first hour by a physician or other qualified provider								\$184.69			\$184.69	
96131		Psychological testing - each additional hour by a physician or other qualified provider								\$101.85			\$101.85	

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96136		Psychological testing administration by a physician or other qualified provider - first 30 minutes								\$101.85			\$101.85	
96137		Psychological testing administration by a physician or other qualified provider - each additional 30 minutes								\$47.53			\$47.53	
96138		Psychological test administration scoring by techs – first 30 minutes								\$101.85		\$101.85	\$101.85	
96139		Psychological test administration scoring by techs – each additional 30 minutes								\$47.53		\$47.53	\$47.53	
96372		Therapeutic Injection	\$10.33	\$10.33	\$10.33	\$10.33								

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S9123		In-home psychiatric nursing (per hour)				\$36.74								
99211		Established patient Evaluation/Management - office or outpatient visit	\$32.18	\$32.18	\$28.70	\$28.70								
99212		Established patient Evaluation/Management - office or outpatient visit (focused)	\$48.31	\$48.31	\$41.15	\$41.15								
99213		Established patient Evaluation/Management - office or outpatient visit (low complexity )	\$64.45	\$64.45	\$54.54	\$54.54								
99214		Established patient Evaluation/Management - office or outpatient visit (moderate complexity)	\$88.80	\$88.80	\$75.24	\$75.24								
99215		Established patient Evaluation/Management - office or outpatient visit (high complexity)	\$89.16	\$89.16	\$75.59	\$75.59								
99221		Initial inpatient hospital care -per day Evaluation/Management (low complexity)	\$51.25	\$51.25	\$43.56	\$43.56								

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99222		Initial inpatient hospital care -per day Evaluation/Management (moderate complexity)	\$79.38	\$79.38	\$66.75	\$66.75								
99223		Initial inpatient hospital care - per day Evaluation/Management (high complexity)	\$96.99	\$96.99	\$82.96	\$82.96								
99231		Subsequent inpatient hospital care - per day Evaluation/Management (focused)	\$31.67	\$31.67	\$26.75	\$26.75								
99232		Subsequent inpatient hospital care - per day Evaluation/Management (expanded)	\$47.23	\$47.23	\$40.34	\$40.34								
99233		Subsequent inpatient hospital care - per day Evaluation/Management (detailed)	\$56.58	\$56.58	\$47.56	\$47.56								
99241		Office Consultation outpatient (focused)	\$49.69	\$49.69	\$42.31	\$42.31								
99242		Office Consultation outpatient (expanded)	\$57.15	\$57.15	\$48.79	\$48.79								

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99243		Office Consultation outpatient (detailed)	\$93.81	\$93.81	\$79.38	\$79.38								
99244		Office Consultation outpatient (comprehensive moderate complexity)	\$103.32	\$103.32	\$87.25	\$87.25								
99245		Office Consultation outpatient (comprehensive - high complexity)	\$102.83	\$102.83	\$87.25	\$87.25								
99251		Inpatient Consultation (focused)	\$52.77	\$52.77	\$44.77	\$44.77								
99252		Inpatient Consultation (expanded)	\$65.68	\$65.68	\$56.09	\$56.09								
99253		Inpatient Consultation (detailed)	\$94.30	\$94.30	\$80.16	\$80.16								
99254		Inpatient Consultation (comprehensive moderate complexity)	\$110.70	\$110.70	\$94.71	\$94.71								
99255		Inpatient Consultation (comprehensive - high complexity )	\$126.28	\$126.28	\$106.60	\$106.60								
99304		Nursing facility consultation, low complexity (25 minutes)	\$95.30	\$95.30	\$81.01	\$81.01								
99305		Nursing facility consultation, moderate complexity (35 minutes)	\$135.76	\$135.76	\$115.40	\$115.40								

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99306		Nursing facility consultation, high complexity (45 minutes)	\$173.39	\$173.39	\$147.38	\$147.38								
99307		Evaluation Management Nursing Facility 10 min.	\$31.31	\$31.31	\$26.54	\$26.54								
99308		Evaluation Management Nursing Facility 15 min.	\$49.10	\$49.10	\$42.02	\$42.02								
99309		Evaluation Management Nursing Facility 25 min.	\$67.19	\$67.19	\$57.50	\$57.50								
99310		Evaluation Management Nursing Facility 35 min	\$91.17	\$91.17	\$77.28	\$77.28								

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H1011		Family Assessment	\$79.59	\$79.59	\$79.59	\$79.59	\$79.59	\$79.59	\$79.59	\$79.59		\$73.92	\$73.92	
H0001		Substance Use Assessment	\$236.86	\$236.86	\$197.39	\$197.39	\$197.39	\$189.49	\$197.39	\$225.84	\$181.17	\$230.94	\$236.86	\$188.72
H0001	52	Substance Use Assessment - Addendum	\$70.62	\$70.62	\$70.62	\$70.62	\$70.62	\$67.80	\$70.62	\$69.20	\$64.80	\$69.20	\$70.62	\$67.50

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	35 CTA	36 LMHP	37 PLMHP	39 LIMHP	57 PhD Provisional	58 PLADC	64 Spec PhD	67 PhD/PyD	78 LADC
H0031	AH	Annual Supervision Assessment by Psychologist												\$123.55	
H0031	52	Annual Supervision Assessment by LIMHP								\$91.37					
H0036		Community Treatment Aide (CTA) (Per 15 min.)					\$11.98		\$11.98						

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CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	41 Assert Comm	44 Comm Suppt	45 Day Rehab	46 Res Rehab	47 Sub Use Treatment Center	77 Day Treat & MST	79 Treat Crisis	81 THGH	87 PRTF
H2033		Multi Systemic therapy / per 15 minutes										\$38.28			
T1014		Telehealth transmission ( per minute	\$0.08	\$0.08	\$0.08						\$0.08	\$0.08	\$0.08	\$0.08	\$0.08
Q3014		Originating site fee	\$20.00	\$20.00	\$20.00						\$20.00	\$20.00	\$20.00	\$20.00	\$20.00
90870		Electroconvulsive Therapy - ECT (Includes Necessary Monitoring)	\$118.14												
H0040		Assertive Community Treatment Program (ACT) - (MRO) (per diem)					\$47.51								
H0040	52	(Alternate) Assertive Community Treatment Program (ACT) - (MRO) (per diem)					\$44.70								
H2012		Partial Hospitalization (and Day treatment for Adults only) minimum 6 units (per hour rate)	\$45.41									\$45.41			

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CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	41 Asser t Com m	44 Comm Suppt	45 Day Rehab	46 Res Rehab	47 Sub Use Treatment Center	77 Day Treat & MST	79 Treat Crisis	81 THGH	87 PRTF
H2012	52	Partial Hospitalization (and Day treatment for Adults only) maximum 3 units (per hour rate)	\$45.07									\$45.07			
H2012	HF	Day Treatment (PHP) SUD	\$43.24		\$43.24						\$43.24	\$43.24			
H2014		Intensive Outpatient (IOP) - Direct Care Staff (Rate per 15 min.)		\$7.59	\$7.59										
S9480		Adult Intensive outpatient Mental Health (IOP) (per diem.)		\$108.05	\$108.05										
H2015	HE	Community Support Services - mental health (MRO) per 15 min						\$22.19							

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CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	41 Assert Comm	44 Comm Suppt	45 Day Rehab	46 Res Rehab	47 Sub Use Treatment Center	77 Day Treat & MST	79 Treat Crisis	81 THGH	87 PRTF
H2017		Day Rehabilitation Services - (MRO) - minimum 12 units - per 15 min							\$2.43						
H2018		Day Rehabilitation Services - full day - (MRO) - (per diem)							\$58.07						
H2018	HK	Secure Residential Rehabilitation Services - (MRO) - (per diem)								\$360.26					
H0019	HE	Residential Rehabilitation Services - (MRO) - (per diem)								\$118.79					
H2020		Therapeutic Group Home (THGH) (per diem)												\$169.89	
H2027		Day Treatment - Direct Care Staff /per 15 min unit										\$11.74			

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CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	41 Assert Comm	44 Comm Suppt	45 Day Rehab	46 Res Rehab	47 Sub Use Treatment Center	77 Day Treat & MST	79 Treat Crisis	81 THGH	87 PRTF
H2013		(PRTF) Hospital- Based (per day	\$425.99												
H2013	UA	PRTF Hospital Based: (TLD) Home	\$213.00												
H2013	UB	PRTF Hospital- Based: (TLD) Psych inpatient	\$213.00												
H2013	UC	PRTF Hospital- Based: (TLD) Med/Surg In Patient	\$213.00												
T2033		PRTF Specialty (per day)													\$337.20
T2033	UA	PRTF Specialty: (TLD) Home													\$168.60

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CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	41 Assert Comm	44 Comm Suppt	45 Day Rehab	46 Res Rehab	47 Sub Use Treatment Center	77 Day Treat & MST	79 Treat Crisis	81 THGH	87 PRTF
T2033	UB	PRTF Specialty: (TLD) Psych in patient													\$168.60
T2033	UC	PRTF Specialty: (TLD) Med/Surg In Patient													\$168.60
T2048		PRTF Community based Non- Specialty													\$316.93
T2048	UA	PRTF Community based Non-Specialty: (TLD) Home													\$158.47
T2048	UB	PRTF Community Based Non- Specialty: (TLD) Psych inpatient													\$158.47
T2048	UC	PRTF Community Based - Non- Specialty: (TLD) Med/Surg Inpatient													\$158.47

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CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	41 Assert Comm	44 Comm Suppt	45 Day Rehab	46 Res Rehab	47 Sub Use Treatment Center	77 Day Treat & MST	79 Treat Crisis	81 THGH	87 PRTF
S9484		Crisis Intervention Mental Health Services, per Hour (Tiered rate)	\$36.18										\$36.18		
S9485		Crisis Intervention Mental Health Services, per Diem	\$363.31										\$363.31		
X9990		Acute Inpatient – Mental Health Managed Care	\$747.87												

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Description	Code	Modifier	MD/DO	PhD	Prov.  PhD	PLADC	PLMHP	LADC	LIMHP	LMHP	RN	APRN/PA	Sub. Use Treatment Center
Risk assessment for youth who sexually harm (age 20 & under)	H2000	SK	\$592.36	\$592.36	\$577.16		\$569.75		\$592.36	\$584.76	\$592.36	\$592.36	
Risk assessment for youth who sexually harm addendum (age 20 and under)	H2000	HA	\$295.06	\$295.06	\$287.49		\$283.81		\$295.06	\$286.86	\$290.59	\$290.59	
Hospital discharge day management, 30 min or less	99238		\$41.83									\$35.56	
Hospital discharge day management, more than 30 minutes	99239		\$54.89									\$46.66	
Sub-Acute Inpatient Psychiatric Hospitalization	0190 (rev code)	\$596.19											

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Description	Code	modifier	13 Prof Clinic	47 Sub use Treatment Center	44 Community Support
SUD level 3.2D - Social detoxification (per diem)	H0012			\$183.64	
SUD level 2.1 - Adult Intensive Outpatient (per hour)	H0015		\$29.10	\$29.10	
SUD level 3.5 Short-term residential Co-occurring diagnosis capable per diem	H0018	HF		\$198.40	
SUD level 3.5 Dual-disorder residential (Co-occurring diagnosis enhanced per diem	H0018	HH		\$226.38	
SUD level 3.3 - Intermediate residential (Co-occurring diagnosis capable)per diem	H0019			\$163.20	
SUD level 3.3 Therapeutic community (Co-occurring diagnosis capable) per diem	H0019	TT		\$146.82	
SUD level 1 Community - Support	H2015	HF	\$21.86		\$21.86
SUD level 3.1 Halfway house	H2034			\$67.46	

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Code	Description	RBT 35	BCaBA 35	BCBA 35	57 PHD Provisional	67 PhD/PsyD
97151	Behavior identification assessment administered by Dr. or other health care professional, F2F, one patient, each 15 minute.			\$40.74	\$40.74	\$40.74
97152	Behavior identification supporting assessment administered by one tech under the direction of a Dr. or other qualified health care professional, F2F, one patient each 15 minute.	\$27.16	\$27.16	\$27.16	\$27.16	\$27.16
97153	Adaptive behavior treatment by protocol, administered by tech under the direction of a Dr. or other qualified healthcare professional, F2F, one member each 15	\$27.16	\$27.16	\$27.16	\$27.16	\$27.16
97154	Group adaptive behavior treatment by protocol, administered by Tech under the directions of a Dr. or other qualified healthcare professional, F2F with two or more patients, each 15 minutes	\$27.16	\$27.16	\$27.16	\$27.16	\$27.16
97155	Adaptive behavior treatment by protocol, administered by Dr or other qualified healthcare professional, which may include simultaneous direction of a tech, F2F one patient, each 15 minutes			\$27.16	\$27.16	\$27.16
97156	Family adaptive behavior treatment guidance, administered by Dr. or other qualified healthcare professional, (with or without patient present), F2F with guardian or caregiver each 15 minute			\$40.74	\$40.74	\$40.74
97158	Adaptive behavior treatment social skills group, administered by Dr. or other qualified healthcare professional F2F with Multiple patients. Each 15 minutes			\$40.74	\$40.74	\$40.74

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Code	Modifier	Description	Peer Support 34
H0038	HE	Peer Support Services for Mental Health Per 15 minute increments	\$ 11.50
H0038	HF	Peer Support Services for Substance Use Disorder / 15 minute increments	\$ 11.50
H0038	HE/HQ	Peer Support Services for Mental Health Per 15 minute increments	\$7.91
H0038	HF/HQ	Peer Support Services for Substance Use Disorder / 15 minute increments	\$7.91

J0400		Injection - Aripiprazole 0.25 mg (Abilify)	See injectable fee schedule
J1630		Injection - Haloperidol - up to 5mg (Haldol)	See injectable fee schedule
J1631		Injection - Haloperidol Decanoate per 50mg (Haldol Decanoate)	See injectable fee schedule
J2680		Injection - Fluphenazine Decanoate - up to 25mg (Prolixin Decanoate)	See injectable fee schedule
S0166		Injection - Olanzapine 2.5mg (Zyprexa)	See injectable fee schedule
J2426		Paliperidone Palmitate 1mg (Invega) by Invoice	See injectable fee schedule
J2315		Naltrexone Depot 1mg (Vivitrol) Invoice	See injectable fee schedule
J2794		Risperidone, 0.5mg (Risperdal Consta) Invoice	See injectable fee schedule

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